

BlueLink

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MARCH 2014

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Will You Be Prepared for ICD-10 on October 1, 2014? Be responsible. Be ready.

All HIPAA covered entities are required to adopt the ICD-10 code set for diagnosis and inpatient hospital procedure coding on October 1, 2014.

Be responsible.

With the level of impact that ICD-10 will have to IT systems, medical coders and physicians, you need to be preparing for the transition now.

Be ready.

You cannot rely only on a technical solution from your vendor or clearinghouse for this transition; you must be responsible for your own ICD-10 readiness.

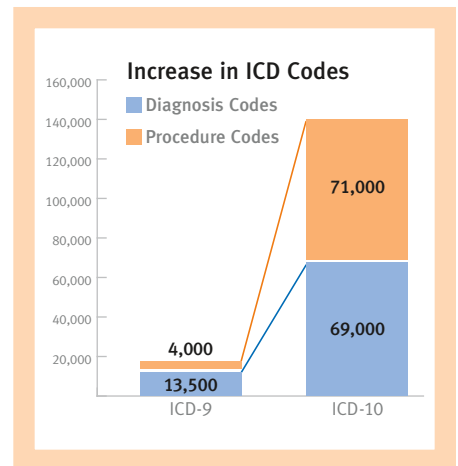
The Top 3 Things to Keep in Mind for ICD-10

- Any systems and forms that use ICD-9 should be updated—you should track the ICD-10 readiness of your system vendors (e.g., Electronic Health Records, Practice Management Systems, etc.)
 - Medical coders need to be trained and practiced in using ICD-10 codes—coders need training on ICD-10 and you should also plan for a decrease in coder productivity as they gradually become familiar with the new code set
 - Physicians may need to increase the detail in their documentation—coders may need additional information to make the right code selection, so you should be prepared for these new expectations
- To support your preparations, we have updated the ICD-10 section of the provider website at www.carefirst.com/icd10.
- Can't find an answer on our website? Email our project team at ICD-10@carefirst.com.

Use the CMS-1500 Form for All Paper Claims

Important: Beginning April 1, 2014, all paper claims submitted for medical services must be sent using the revised [CMS-1500 claim form \(version 02/12\)](#). Claims submitted using the old form (version 08/05) will be returned to you.

To order a supply of forms, please use your normal process. For a sample of this form, visit www.carefirst.com/providerforms and download the pdf.



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WHAT'S HAPPENING

In Case You Missed It

To help you stay organized and up-to-date, we've compiled all of the latest provider news—all in one place. Click the "In Case You Missed It" icon to catch up on headlines, tips and reminders that you may have missed.

This issue's highlight: 6 Easy Tools for You

You need fast, reliable online resources to help you save time when caring for your CareFirst patients. Our provider self-service channels can help:

1. Provider Portal—www.carefirst.com/provider
2. Pre-Authorizations—www.carefirst.com/preauth
3. Electronic Claims (EDI/EFT)—www.carefirst.com/electronicclaims
4. Inquiries and Appeals—www.carefirst.com/inquiriesandappeals
5. Manuals, Guides and Forms—www.carefirst.com/manualsandguides
6. Provider News & Updates by Email—www.carefirst.com/stayconnected

Fast. Efficient. Online.

Watch this [short video](#) to learn how.

CareFirst to Invest \$1.3 Million to Expand the Use of Telemedicine for Patients with Behavioral Health Care Needs

CareFirst BlueCross BlueShield (CareFirst) funding seeks to help health care providers to help health care providers treat nearly 2,300 children and adults who suffer from substance abuse, autism and other behavioral health disorders.

The community health organizations that will receive funds over the next three years are: Catholic Charities of Baltimore, Atlantic General Hospital, La Clinica del Pueblo, and the Sheppard Pratt Health System.

[Learn more](#) about CareFirst's grants and how they seek to eliminate barriers to quality health care for underserved populations.



What Do You Think?

We've made numerous enhancements to recent issues of *BlueLink* to serve you better and improve how we work together to better serve your patients, our members.

For example, we:

- Asked our Senior Medical Director to [record audio](#) and share relevant medical news to help explain or highlight programs or initiatives that may affect you.
- Added a feature called CPET Corner to highlight webinars and seminars offered by CareFirst's Center for Provider Education and Training.
- Added pictures, charts and graphics to help illustrate articles in hopes of making them easier to understand.

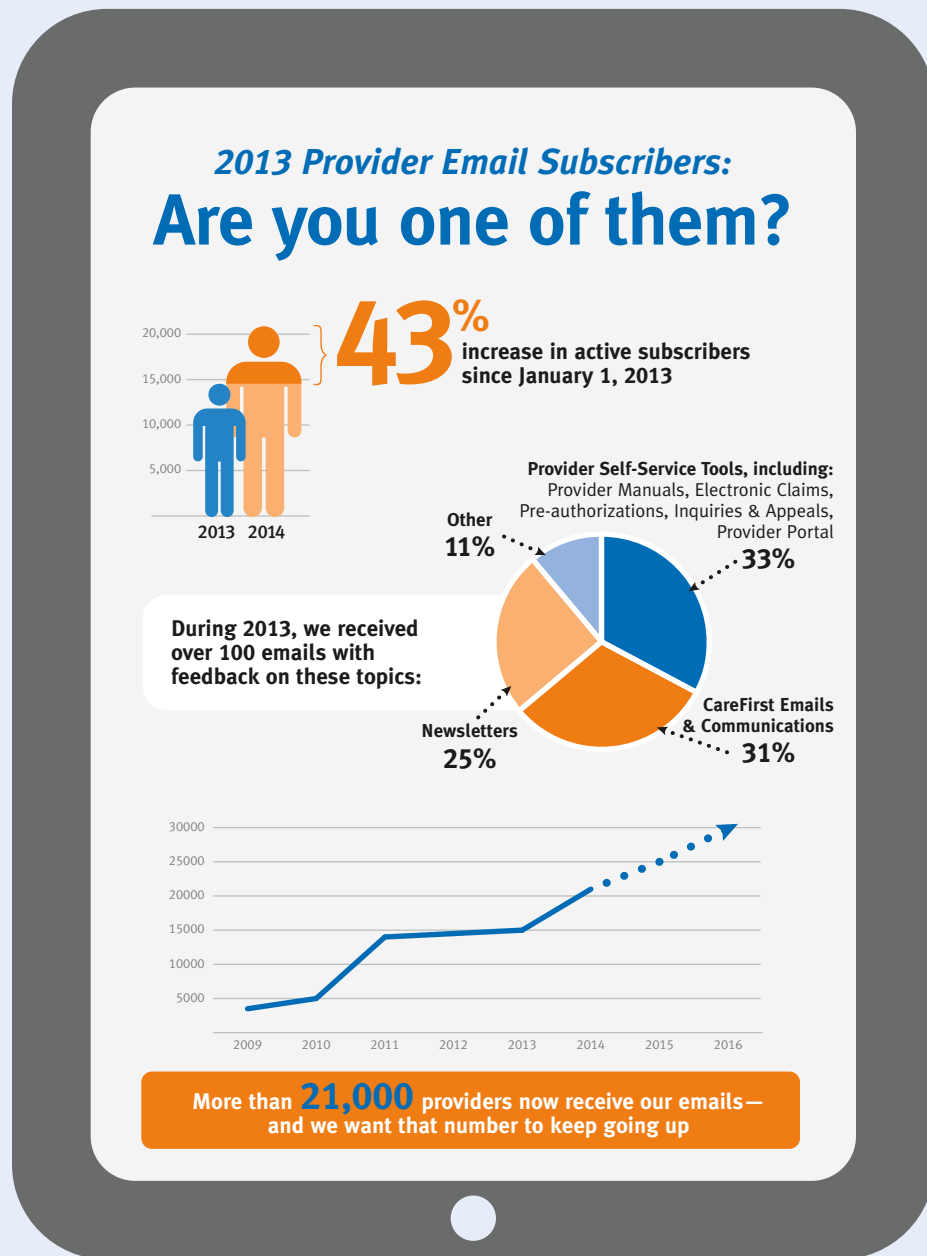
Now it's YOUR turn. Tell us what you think of our efforts. How are we doing? Good? Bad? About the same? Are there more changes that you'd like to see?

Email your comments to newsletter.editor@carefirst.com and let us know what you think.

WHAT'S HAPPENING

See Your Feedback in Action

In 2013, we encouraged you to [Stay Curious. Stay Engaged. Stay Connected.](#) by signing up to receive Provider News & Updates by email.



We need your advice. Help shape our new campaign for 2014. What would you say about our provider emails? How would you encourage your colleagues to register?

Send your ideas, comments and suggestions to newsletter.editor@carefirst.com and be entered to win a free gift.

Not registered? Visit www.carefirst.com/stayconnected today.

WHAT'S HAPPENING

Medi-CareFirst to Offer Two BlueRx Prescription Drug Plans

Medi-CareFirst will again offer the BlueRx Prescription Drug Plan (PDP) in 2014 to members age 65 and older and to those who qualify for Medicare due to a disability.

The BlueRx PDP consists of the BlueRx Standard (PDP) and BlueRx Enhanced (PDP) plans. BlueRx Standard has a \$255 deductible and \$111.40 monthly premium; BlueRx Enhanced has no deductible and the monthly premium is \$170.50.

What's New for 2014?

Medi-CareFirst is introducing Preferred Pharmacies. For 2014, Medi-CareFirst contracted with some large retail/chain pharmacies (CVS, Walmart, Sam's Club, Giant, Martin's) to provide members with additional cost savings by reducing what they pay for covered drugs. Drugs may still be purchased at any of Medi-CareFirst's other network pharmacies, but the cost-share will be a little bit higher.

Medi-CareFirst still offers a large national network of more than 60,000 network pharmacies.

In 2014, for generic 90-day maintenance drugs members will pay 2x the monthly copay vs. 2.5x the monthly copay in 2013. Plus, since Medi-CareFirst has no mail order drug program, members are not required to get drugs filled through mail order to get the lower price.

How the Plan Works:

Before the Coverage Gap, both plans have 5 tiers. Members pay a copay or coinsurance based on the tier their drug falls on and whether they use a Preferred or Other Network pharmacy as follows:

Tier 1: Preferred Generics

- Preferred Pharmacy: \$3 copay (34-day supply); \$6 (90-day supply)
- Other Network Pharmacy: \$8 copay (34-day supply); \$16 (90-day supply)

Tier 2: Non-Preferred Generics

- Preferred Pharmacy: \$10 copay (34-day supply); \$20 (90-day supply)
- Other Network Pharmacy: \$30 copay (34-day supply); \$60 (90-day supply)

Tier 3: Preferred Brand

- Preferred Pharmacy: 15% (for 34- and 90-day supplies)
- Other Network Pharmacy: 20% (for 34- and 90-day supplies)

Tier 4: Non-Preferred Brand

- Preferred Pharmacy: 30% (for 34- and 90-day supplies)
- Other Network Pharmacy: 35% (for 34- and 90-day supplies)

Tier 5: Specialty Tier

- Preferred Pharmacy: 25% for Blue Rx Standard; 33% for BlueRx Enhanced (for 34- and 90-day supplies)
- Other Network Pharmacy: 25% for Blue Rx Standard; 33% for BlueRx Enhanced (for 34- and 90-day supplies)

In the Coverage Gap:

- BlueRx Standard: 72% member cost for generic, 47.5% on brands.
- BlueRx Enhanced*:
 - Members pay the lower of 72% or \$3 for Preferred Generics at a Preferred Pharmacy and \$8 at Other Network Pharmacy
 - Members pay the lower of 72% or \$10 for Non-Preferred Generics at a Preferred Pharmacy and \$30 at Other Network Pharmacy
 - Members pay 47.5% on brands.

**Member pays the copay or 72% (whichever is less) for the Generics in the BlueRx Enhanced PDP*

Medi-CareFirst:

- Received 3.5 of a possible 5 star (2014) quality and performance rating on the Medicare Part D report card.
- Covers most prescription drugs that are approved by Medicare and not available over-the-counter.
- Offers continued coverage of brand drugs, even when an equivalent generic drug is available.
- Offers one-month supply of 34 days vs. 30 days
 - This provides members with more than an extra month's supply over the course of a year.
- Has a 90-day supply of generic maintenance drugs for just two times the monthly co-pay at network retail pharmacies.
- Provides free annual Comprehensive Medication Check-Up program. Providers should suggest that their patients take advantage of this program, especially those who take multiple drugs or have multiple chronic conditions.
- Offers members lower cost sharing at Preferred Network pharmacies (CVS, Walmart, Sam's Club, Giant, Martin's).
- Is an administrator for the premium and coverage gap subsidies for the Maryland Senior Prescription Drug Assistance Program. This plan provides eligible members with up to a \$40 premium subsidy and a coverage gap subsidy throughout the entire gap phase until the eligible member reaches the catastrophic phase.
- Offers a variety of online health and wellness tools.
- Provides access to alternative therapies and wellness discounts through Options and Blue365.

WHAT'S HAPPENING

Medi-CareFirst to Offer Two BlueRx Prescription Drug Plans (continued)

Initial Enrollment Period

Members turning 65 have a seven-month window to enroll in a Medicare prescription drug plan—three months prior to their 65th birthday, during their birthday month and three months after their 65th birthday.

Those eligible to enroll in a Medicare prescription plan can either call 1-888-784-0790 to request an

enrollment packet (TTY users should call 1-888-784-0868) 8 a.m. to 8 p.m., 7 days a week; fill out an enrollment application online; or print an application from the Medi-CareFirst website, www.medi-carefirst.com.

You may visit www.medi-carefirst.com to see Medi-CareFirst's formulary. The formulary is also available via most ePrescribing applications.

The benefit information provided is a brief summary, not a complete description of benefits. For more information contact the plan. Limitations, copayments and restrictions may apply. Benefits, formulary, pharmacy network, premium and/or copayments/co-insurance may change on January 1 of each year. You must continue to pay your Medicare Part B premium. Medicare evaluates plans based on a 5-Star rating system. Star ratings are calculated each year and may change from one year to the next. Medi-CareFirst BlueCross BlueShield is a Prescription Drug Plan with a Medicare contract. Enrollment in Medi-CareFirst BlueCross BlueShield depends on contract renewal.

CLAIMS AND BILLING

Verifying ID Cards is Quick and Easy

What is the #1 way you can avoid delays in your claims reimbursement? Verify member eligibility and benefits on member ID cards prior to rendering care.

What is the #1 resource we've created to help? The new [Member ID Card Quick Reference Guide](#).

In our last issue of *BlueLink*, we reminded you of the importance of checking member ID cards at each visit. Now, with this guide, doing that is even easier. Visit www.carefirst.com/providermanualsandguides, select the 'Guides' tab and print the PDF to use in your office.

Have you used the Member ID Card Quick Reference Guide? Was it helpful? Email newsletter.editor@carefirst.com and tell us your thoughts so we can continue developing materials to make your job easier.

New Prefixes for ACA Products



Membership Identification Card Quick Reference Guide

Membership identification cards contain important membership and coverage information that help you correctly route your claims. Be sure to verify eligibility using CareFirst Direct or the VRU prior to rendering care.

Front of Card
The front of the member ID card contains information about the member, the Primary Care Provider (PCP), copayments and some of their member benefits.

- 1 Member Name
- 2 Member ID Number
- 3 Group Number
- 4 Product Name
- 5 Primary Care Provider's Name
- 6 Copayments:
 - P - PCP
 - S - Specialist
 - ES - Emergency Room
 - Dental or vision coverage, if applicable
 - Type of out-of-area coverage

Back of Card
The back of the member ID card includes medical emergency assistance and mental health/substance abuse telephone numbers, as well as instructions and an address for filing claims and sending correspondence.

Member ID cards may include one of several logos identifying the type of coverage the member has and/or indicating the provider's reimbursement level.

Product Information	Products	Prefixes	Logo
BlueChoice	<ul style="list-style-type: none"> HMO HMO Opt-Out HMO Opt-Out Plus Open Access* HMO Opt-Out Open Access* BlueChoice Advantage HMO Open Access* HMO Plus <small>*Open Accesses referred to as if the provider is in the BlueChoice Network</small>	KX, XWR, XIR, XIB, QXG, QSA, XIE, JHJ, XWZ, XIG, QXK	CareFirst BlueChoice
BlueChoice Opt-Out	<ul style="list-style-type: none"> HMO Plus 	XIL, XWV, JHJ, XII, JHL, XIG, QM, XIZ, XIT, XPL, XLU	CareFirst BlueCross BlueShield
BluePreferred	<ul style="list-style-type: none"> BluePreferred 	XIL, XWV, JHJ, XII, JHL, XIG, QM, XIZ, XIT, XPL, XLU	CareFirst BlueCross BlueShield
Federal Employee Program (FEP)	<ul style="list-style-type: none"> FEP Basic Option FEP Standard Option 	R	BlueCross BlueShield Federal Employee Program
HealthyBlue	<ul style="list-style-type: none"> HealthyBlue Advantage HealthyBlue 2.0 HealthyBlue Dual/Triple Option 	XIM, XIN, JHA, JHC, QXJ, XIF, QXF, QXK, QXQ, QXV	HealthyBlue
Maryland Point of Service (MPOS)	<ul style="list-style-type: none"> Maryland Point of Service 	Varies	CareFirst BlueCross BlueShield
National Account Service Company (NASCO)	<ul style="list-style-type: none"> National Accounts 	RAS	BlueCross BlueShield

Logo Description	What It Looks Like	What It Means (type of out-of-area coverage)
A blank (empty) suitcase icon		Member has out-of-area coverage that is not a PPO product
A suitcase icon with "PPO" inside		Member has PPO or EPO benefits available for medical services received inside or outside of the U.S. Provider will be reimbursed for covered services in accordance with the provider's PPO contract with the local Plan.
A suitcase icon with "PPOB" inside		Member has selected a PPO product, from a Blue Plan, and the member has access to a new PPO network. This network is referred to as BlueCard PPO Basic.
No suitcase		Member has Medicaid, State Children's Health Insurance Programs (SCHIP) and/or Medicaid. Government-determined reimbursement levels apply to these products.



New Pharmacy Benefits Manager (CVS Caremark)

HEALTH CARE POLICY

New Technology Evaluated

Our Technology Assessment Unit evaluates new and existing technologies to apply to our local indemnity and managed care benefit plans. The unit relies on current scientific evidence published in peer-reviewed medical literature, local expert consultants and physicians to determine whether those technologies meet CareFirst and CareFirst BlueChoice criteria for coverage. Policies for non-local accounts like NASCO and FEP may differ from our local determinations. Please verify member eligibility and benefits prior to rendering services via [FirstLine](#) or [CareFirst Direct](#). The Technology Assessment Unit recently made the following determinations:

TECHNOLOGY	DESCRIPTION	CAREFIRST AND CAREFIRST BLUECHOICE DETERMINATION
WINX oral pressure therapy for obstructive sleep apnea	Advances tongue and palate forward by oral suction instead of through the nasal passage as in regular CPAP	Considered experimental / investigational. HCPCS code: A7047 (device)
Outpatient limb compression for postoperative VTE prophylaxis	Use of a mechanical intermittent pressure in lieu of medical anticoagulants to reduce risk for a venous thromboembolic event in the post-operative post-discharge period	Considered medically necessary. HCPCS code E0676
Afirma® genomic-based testing of thyroid fine needle aspirate (FNA)	Gene expression classifier (GEC) testing of FNA thyroid biopsy to assess risk for malignancy in indeterminate samples	Considered experimental / investigational. CPT® reporting code 84999

Medical Policy Updates

Our Health Care Policy department continuously reviews medical policies and operating procedures as new, evidence-based information becomes available regarding advances on new or emerging technologies, as well as current technologies, procedures and services. The table below is designed to provide updates on changes to existing or new local policies and procedures during our review process. Each local policy or procedure listed includes a brief description of its status, select reporting instructions and effective dates. Policies from non-local accounts, such as NASCO and FEP, may differ from our local determinations. Please verify member eligibility and benefits prior to rendering service through [FirstLine](#) or [CareFirst Direct](#).

Note: The effective dates for the policies listed below represent claims processed on and after that date.

*MEDICAL POLICY AND/OR PROCEDURE	ACTIONS, COMMENTS AND REPORTING GUIDELINES	POLICY STATUS AND EFFECTIVE DATE
1.01.007 Home Apnea Monitoring	Under Policy Guidelines, added 2014 rationale statement. Report service with appropriate Category I CPT® or HCPCS codes.	Periodic review and update Effective 2/18/14
1.01.014A Wheelchairs and Manual or Power Operated Vehicles	Report devices with appropriate HCPCS codes.	No further review scheduled Effective 2/18/14

HEALTH CARE POLICY

*MEDICAL POLICY AND/OR PROCEDURE	ACTIONS, COMMENTS AND REPORTING GUIDELINES	POLICY STATUS AND EFFECTIVE DATE
1.03.002 Adjustable Cranial Orthoses for Positional Plagiocephaly and for Craniosynostosis	Under Policy Guidelines, added 2014 rationale statement. Report service with HCPCS code S1040.	Periodic review and update Effective 2/18/14
2.01.003 Gait Analysis	Under Policy Guidelines, added 2014 rationale statement. Report service with Category I CPT® codes 96000, 96001, 96002, 96003 or 96004.	Periodic review and update Effective 2/18/14
2.01.050A Professional Nutritional Counseling	When benefits for nutritional counseling are provided in the contract, benefits are provided for nutritional counseling when rendered by a registered licensed dietitian or other health professional functioning within their legal scope of practice. Nutritional counseling benefits are not provided for commercial weight loss/obesity programs. Report service with Category I CPT® codes 97802, 97803 or 97804. Refer to Policy for details.	Operating Procedure revision Effective 2/18/14
6.01.17 Intraoperative Radiation Therapy	Under Policy Guidelines, added 2014 rationale statement. Report service with Category I CPT® codes 77424, 77425 or 77469.	Periodic review and update Effective 2/18/14
7.01.118 Minimally Invasive Interventions for Fecal Incontinence	Policy revised to include injection of bulking agents such as Solesta®. The use of injectable bulking agents to treat fecal incontinence is considered experimental / investigational. Report service with Category I CPT® unlisted code 46999. Refer to policy for details.	Policy revision Effective 2/18/14
11.01.007 Genetic Testing for Medullary Carcinoma of the Thyroid	Under Policy Guidelines, added 2014 rationale statement. Report services with Category I CPT® codes 81404 or 81406 or HCPCS S3840.	Periodic review and update Effective 2/18/14
11.01.009 Hypo-osmotic Swelling Test for Sperm Function	Under Policy Guidelines, added 2014 rationale statement. Report service with Category I CPT® unlisted code 89240.	No further review scheduled Effective 2/18/14
11.01.034 Molecular Genetic Expression Test for Identification of Heart Transplant Rejection	Policy changed from experimental / investigational to medically necessary for specific criteria. See policy for details. Under Policy Guidelines, added 2014 rationale statement. Report service with Category I CPT® unlisted code 88299.	Policy revision Effective 2/18/14

CPET CORNER

CPET Corner

Our new *Update Provider Data Online* webinar provides you with an overview of how to verify and update your practice information online along with a detailed understanding of the terms and definitions used throughout the online tool. **Better Data. Better Service. You're in Control.**

Visit www.carefirst.com/cpet for a complete list of seminars and webinars.



QUALITY IMPROVEMENT

Case Management—Assistance to Take Charge of Your Patients' Health Care Needs

CareFirst's Case Management services can enhance your patients' overall care by providing an organized, comprehensive and holistic approach to their health care needs. These services will help reduce the frustration of fragmented care that those with complex care requirements often face. A case manager can help navigate the complex health care maze by coordinating medical care services and help patients better understand what is happening to their health.

Case Management Program Goals

The patient's welfare is always our first concern. The assigned case manager will always work to:

- Contribute to patients' sense of well-being and dignity
- Enhance the quality of life for your patients and their families
- Positively influence the quality of health care

- Improve health, restore function and prevent disability
- Encourage/improve compliance
- Reduce the negative effects of a serious, chronic or terminal health condition
- Increase customer satisfaction
- Empower patients and their family members through education and available resources

Our specialty programs include:

Generalist—Our generalist case management team is comprised of registered nurses with diverse clinical backgrounds for patients with acute and chronic disease processes.

Pediatrics—Our pediatric case managers are experienced pediatric clinicians. They manage referrals for children ages 0 to 17 years with simple to complex health care needs. Our pediatric program also includes oncology education and support.

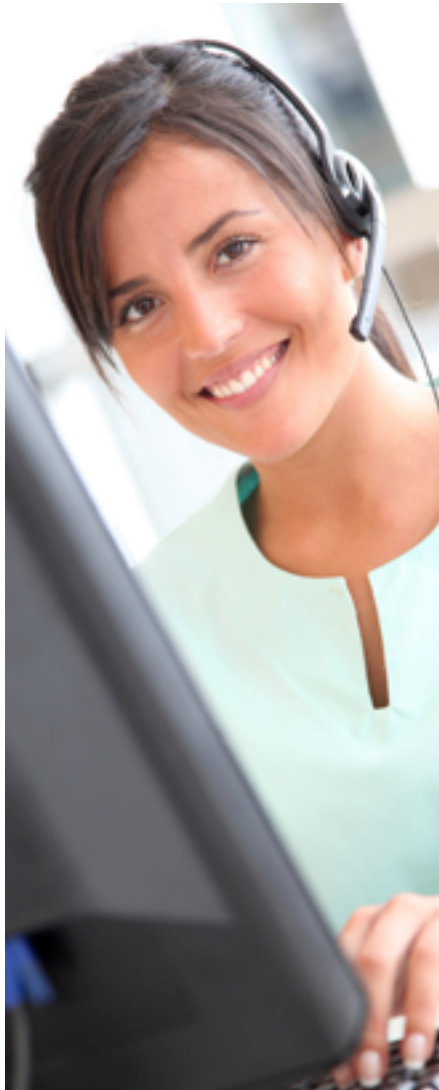
Oncology—Our oncology case management team is comprised of registered nurses with oncology experience and expertise to assist patients with a cancer diagnosis.

When your patients enroll in our Case Management Program, a case manager will contact them to review their medical history and identify important factors that may affect their health.

Case Managers are available to answer questions from 8 a.m. to 4:30 p.m. Monday through Friday. Members have the added convenience of making a self-referral into our Case Management Programs by enrolling online at www.carefirst.com/greatbeginnings.

To find out more information about our programs, please call (888) 264-8648.

QUALITY IMPROVEMENT



FEP Case Management Services

Case Management is a powerful tool for Federal Employee Program (FEP) members to navigate the health care system. FEP Case management services from CareFirst have several comprehensive programs that emphasize early intervention, communication and collaboration. Those programs include:

- **Care Coordination**—Care Coordination provides a centralized contact point for FEP members and providers to access and utilize existing Care Management programs that help FEP members maintain control of chronic or severe conditions. The optimal goal is that the FEP member receives access and direction to the various other programs offered by the plan to help meet and support their health care needs. Care Coordination includes:
 - Behavioral Health Management
 - Disease Management
 - Utilization Management
 - Blue Health Connection
- **Complex Medical Adults and Trauma Rehabilitation**—Case managers with diverse clinical backgrounds assist members with acute, complex medical conditions and catastrophic injury, illness or disease.
- **Oncology and Hospice/Palliative Program**—Home Hospice and Inpatient Hospice benefits are provided for FEP members with a life expectancy of six months or less when prior authorization is obtained from the local Plan's FEP case manager. Providers must contact FEP Case Management at 202-479-644 or 1-800-360-7654 for prior authorization.
- **Special Needs High Risk Pediatrics**—Pediatric nurse case managers assist members (children birth to age 17 years) with simple to complex health care needs.

When your patients enroll in the FEP Case Management program, a case manager will contact them to review their medical history and identify important factors that may affect their health.

To refer a member to FEP Case Management or to get more information about our programs, call (800) 360-7654 or (202) 479-6444.

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CareFirst 
The CareFirst BlueCross BlueShield
family of health care plans